

ALABAMA HOME AND COMMUNITY-BASED WAIVER SERVICES

Medicaid is a health care program for low income Alabamians. Applicants must meet eligibility criteria for one of the Medicaid Program categories in order to qualify for benefits. Waiver programs provide additional Medicaid benefits to specific populations who meet special eligibility criteria. This chart summarizes those benefits and criteria, and tells you how to apply for Medicaid under a waiver. For some people, a waiver is the only way to qualify for Medicaid. Additional information can be found at the Alabama Medicaid Agency’s website: [www.medicaid.alabama.gov](http://www.medicaid.alabama.gov)

Clients must meet financial, medical, and program criteria to access waiver services. The applicant must also be at risk of nursing institutionalization (nursing facility, hospital, ICF/MR). Clients in a waiver program must be willing to receive services in their homes or communities. A client who receives services through a waiver program also is eligible for all basic Medicaid covered services. When a client chooses to receive waiver services, the services must be provided by certified Medicaid providers. The cost of waiver services cannot be more than the cost of the level of care the waiver is based upon.

Each waiver program has an enrollment limit. There may be a waiting period for any particular waiver. Applicants may apply for more than one waiver, but may only receive services through one waiver at a time. Anyone who is denied Medicaid eligibility for any reason has a right to appeal. Talk to your county or regional certifying agency if you wish to exercise your right to appeal.

	Elderly & Disabled Waiver  (Since 1982)	Mental Retardation Waiver  (Since 1981)	Living at Home Waiver  (Since 2002)	State of Alabama Independent Living Waiver (Since 1992)	HIV/AIDS Waiver  (Since 2003)	Technology Assisted Waiver for Adults  (Since 2003)
What is the purpose?	To provide services that would allow elderly and/or disabled individuals to live in the community who would otherwise require nursing facility level of care	To provide service to individuals that would otherwise require the level of care available in an intermediate care facility for the mentally retarded	To provide services to individuals who would otherwise require the level of care available in an ICF/MR	To provide services to disabled adults with specific medical diagnoses** who meet the nursing facility level of care criteria	To provide services to individuals with a diagnosis of HIV, AIDS, and related illness who would meet the nursing facility level of care criteria	To provide services to individuals who received private duty nursing services, through the EPSDT Program under the Medicaid State Plan who will no longer be eligible for the service upon turning age 21
What is the target population?	Individuals meeting the Nursing Facility Level of Care	Individuals with a diagnosis of Mental Retardation (MR); Individuals meeting an Intermediate Care Facility for the Mentally Retarded (ICF/MR)	Individuals with a diagnosis of Mental Retardation (MR); Individuals meeting the Intermediate Care Facility for the Mentally Retarded (ICF/MR) Level of Care; Persons not residing in a group home setting or environment; Persons currently on the waiting list for MR services	Individuals with a specific medical diagnoses	Individuals with a diagnosis of HIV or AIDS and related illnesses.	Individuals who received private duty nursing services through the EPSDT Program under the Alabama Medicaid State Plan who will no longer be eligible for this service upon turning age 21 and for whom private duty nursing services continue to be medically necessary based upon approved private duty nursing criteria.
What are the services provided?	<ul style="list-style-type: none"><li>▪ Case Management</li><li>▪ Homemaker Services</li><li>▪ Personal Care</li><li>▪ Adult Day Health</li><li>▪ Respite Care (Skilled and Unskilled)</li><li>▪ Adult Companion Services</li><li>▪ Home Delivered Meals</li></ul>	<ul style="list-style-type: none"><li>▪ Residential Habilitation Training</li><li>▪ Residential Habilitation – Other Living Arrangement</li><li>▪ Day Habilitation – Level 1-4</li><li>▪ Day Habilitation with Transportation – Level 1-4</li><li>▪ Prevocational Services</li><li>▪ Supported Employment</li><li>▪ Occupational Therapy Services</li><li>▪ Speech and Language Therapy</li><li>▪ Physical Therapy</li><li>▪ Behavior Therapy – Level 1-3</li><li>▪ In-Home Respite Care</li><li>▪ Out-of-Home Respite Care</li><li>▪ Institutional Respite Care</li><li>▪ Personal Care</li><li>▪ Personal Care on Worksite</li><li>▪ Personal Care Transportation</li><li>▪ Environmental Accessibility Adaptations</li><li>▪ Specialized Medical Equipment and Supplies</li><li>▪ Skilled Nursing</li><li>▪ Assistive Technology</li><li>▪ Adult Companion Services</li><li>▪ Crisis Intervention</li><li>▪ Community Specialist Services</li></ul>	<ul style="list-style-type: none"><li>▪ Residential Habilitation In-Home</li><li>▪ Day Habilitation-Level 1-4</li><li>▪ Day-Habilitation with Transportation – Level 1-4</li><li>▪ Prevocational Services</li><li>▪ Supported Employment</li><li>▪ Occupational Therapy Services</li><li>▪ Speech and Language Therapy</li><li>▪ Physical Therapy</li><li>▪ Behavior Therapy- Level 1-3</li><li>▪ In-Home Respite</li><li>▪ Out-of-Home Respite</li><li>▪ Personal Care</li><li>▪ Personal Care on Worksite</li><li>▪ Personal Care Transportation</li><li>▪ Environmental Accessibility Adaptations</li><li>▪ Specialized Medical Equipment and Supplies</li><li>▪ Skilled Nursing</li><li>▪ Community Specialist</li><li>▪ Crisis Intervention</li></ul>	<ul style="list-style-type: none"><li>▪ Case Management **</li><li>▪ Personal Care</li><li>▪ Personal Assistance Service</li><li>▪ Environmental Accessibility Adaptations **</li><li>▪ Personal Emergency Response System (Initial Setup)</li><li>▪ Personal Emergency Response System (Monthly Fee)</li><li>▪ Medical Supplies</li><li>▪ Minor Assistive Technology</li><li>▪ Assistive Technology**</li><li>▪ Evaluation for Assistive Technology</li><li>▪ Assistive Technology Repairs</li></ul>  **Includes Transitional Services	<ul style="list-style-type: none"><li>▪ Case Management</li><li>▪ Homemaker Services</li><li>▪ Personal Care</li><li>▪ Respite Care</li><li>▪ Skilled Nursing</li><li>▪ Companion Services</li></ul>	<ul style="list-style-type: none"><li>▪ Private Duty Nursing</li><li>▪ Personal Care/Attendant Services</li><li>▪ Medical Supplies</li><li>▪ Assistive Technology</li></ul>  **Targeted Case Management (A covered service under Medicaid’s State Plan)
What are the waiver criteria?	Nursing facility level of care	ICF/MR level of care	ICF/MR level of care	Nursing facility level of care	Nursing facility level of care	Nursing facility level of care
What groups can be eligible for this waiver?	<ul style="list-style-type: none"><li>▪ Individuals receiving SSI</li><li>▪ Individuals receiving State Supplementation</li><li>▪ SSI related protected groups deemed to be eligible for SSI / Medicaid</li><li>▪ Special HCBS waiver disabled individuals whose income is not greater than 300% of the SSI Federal Benefit Rate</li><li>▪ Federal or State Adoption Subsidy Individuals</li></ul>	<ul style="list-style-type: none"><li>▪ Individuals receiving SSI</li><li>▪ SSI related protected groups deemed to be eligible for SSI / Medicaid</li><li>▪ Special HCBS waiver disabled individuals whose income is not greater than 300% of the SSI Federal Benefit Rate</li></ul>	<ul style="list-style-type: none"><li>▪ SSI recipients</li><li>▪ Individuals receiving State Supplementation</li><li>▪ SSI related protected groups deemed to be eligible for SSI / Medicaid</li><li>▪ Low Income Families with Children</li></ul>	<ul style="list-style-type: none"><li>▪ Individuals receiving SSI</li><li>▪ Individuals receiving State Supplementation</li><li>▪ SSI related protected groups deemed to be eligible for SSI / Medicaid</li><li>▪ Special HCBS waiver disabled individuals whose income is not greater than 300% of the SSI Federal Benefit Rate</li></ul>	<ul style="list-style-type: none"><li>▪ Individuals receiving SSI</li><li>▪ Disabled individuals with income up to 300% of the SSI income level</li></ul>	<ul style="list-style-type: none"><li>▪ Individuals receiving SSI</li><li>▪ Individuals receiving State Supplementation</li><li>▪ SSI related protected groups deemed to be eligible for SSI / Medicaid</li><li>▪ Special HCBS waiver disabled individuals whose income is not greater than 300% of the SSI Federal Benefit Rate</li><li>▪ Low Income Families with Children</li></ul>
What is the enrollment limit?	9205	5,260	569	660	150	40
Is there an age requirement?	No age requirement	3 years and older	3 years and older	18 years and older	21 years and above	21 years and older
Who provides Case Management?	Dept of Senior Services Dept of Public Health	Dept of Mental Health and Mental Retardation	Dept of Mental Health and Mental Retardation	Dept of Rehabilitation Services	Dept of Public Health	Dept of Rehabilitation Services
Where to go to receive information on how to apply?	Dept of Senior Services <a href="http://www.adss.state.al.us">www.adss.state.al.us</a> Dept of Public Health <a href="http://www.adph.org">www.adph.org</a>	Dept of Mental Health and Mental Retardation <a href="http://www.mh.alabama.gov">www.mh.alabama.gov</a>	Dept of Mental Health and Mental Retardation <a href="http://www.mh.alabama.gov">www.mh.alabama.gov</a>	Dept of Rehabilitation Services <a href="http://www.rehab.state.al.us">www.rehab.state.al.us</a>	Dept of Public Health <a href="http://www.adph.org">www.adph.org</a>	Alabama Medicaid Agency <a href="http://www.medicaid.alabama.gov">www.medicaid.alabama.gov</a>
Who are the contact persons?	Jean Stone 1-800-243-5463 Glenda Harris 1-800-225-9770	Fordyce Mitchel 1-800-367-0955	Fordyce Mitchel 1-800-367-0955	Karen Coffey 1-800-441-7607	Glenda Harris 1-800-225-9770	Karen Coffey 1-800-441-7607
What are the reference sources?	Code of Federal Regulations: 42 CFR 440.180 and 441.300 Policy provision for providers: Medicaid Admin Code Ch. 36	Code of Federal Regulations: 42 CFR 440.180 and 441.300 Policy provision for providers: Medicaid Admin Code Ch. 35	Code of Federal Regulations: 42 CFR 440.180 and 441.300 Policy provision for providers: Medicaid Admin Code Ch. 52	Code of Federal Regulations: 42 CFR 440.180 and 441.300 Policy provision for providers: Medicaid Admin Code Ch. 57	Code of Federal Regulations: 42 CFR 440.180 and 441.300 Policy provision for providers: Medicaid Admin Code Ch. 58	Code of Federal Regulations: 42 CFR 440.180 and 441.300 Policy provision for providers: Medicaid Admin Code Ch. 54

**\*\*Specific medical diagnoses include, but are not limited to: Quadriplegia, Traumatic Brain Injury, Amyotrophic Lateral Sclerosis, Multiple Sclerosis, Spinal Muscular Atrophy, Muscular Dystrophy, Severe Cerebral Palsy, Stroke, and other substantial neurological impairments, severely debilitating diseases, or rare genetic diseases (such as Lesch-Nyhan disease). Revised: 09-2008/lcd**